Medical and/or Special Need Addendum Form

CHILD'S NAME _____ SPECIAL EDUCATION TEACHER'S NAME & SCHOOL _____

Disability:

___Autism
___Brain Injury
___Cerebral Palsy
___Developmentally Delayed
___Down's Syndrome
___Multi-handicapped
___Emotionally Disturbed
___Epilepsy
___Hearing Impaired
___Learning Disabled
___Mental Health
___Mental Retardation
___Multiple Sclerosis
___Speech
___Spina Bifida
___Visual Impaired Glasses/Contacts
___Other _____
___Other _____

Please answer the following questions. If the answer is "sometimes", circle "S".

Communication:

a.	Does child know name?	Y	N	S
b.	Does child verbalize/sign name?	Y	N	S
c.	Can child communicate thoughts?	Y	N	S
d.	Can child communicate needs? i.e., rest room, eating, sickness, danger	Y	N	S

Can child read/write? To what extent? _____
Size of child's vocabulary? less than 25 words ____; between 50-200 words _____; 200+ words _____; sentences _____;
Special needs/equipment for communication? _____

Personal Care: Without staff assistance...

a.	Can the child use the rest room and wash his hands?	Y	N	S
b.	Can the child eat, drink, and clean himself?	Y	N	S
c.	Is the child ambulatory/mobile on all terrain?	Y	N	S
d.	Can the child dress himself?	Y	N	S

Special needs/equipment for eating? _____
Special needs/equipment for mobility? _____
Special needs for toileting and dressing? _____

Social skills: Without assistance does the child display appropriate social behavior in public:

a.	Keep hands to self?	Y	N	S
b.	Talk in acceptable tone/volume according to activity?	Y	N	S
c.	Control vocal outbursts/tantrums?	Y	N	S
d.	Refrain from hitting/kicking others and physical outbursts?	Y	N	S
e.	Have a history of wandering away from a group or setting?	Y	N	S
f.	Adapt to close/crowded/noisy areas?	Y	N	S

- Describe outbursts/behaviors, if any, that the child displays and effective methods of control. _____
- What activities should the child not participate in? _____
- Are there precautions/special instructions for any activities? _____
- What would you like for your child to gain from our program? _____

Medical:

- Does child have seizures or convulsions? What type are they? How often? Are there any warning signs? _____
- Is your child administered medication(s) prior to departure for the program? What is the prescription? Potential Side Effects? -
- Will child need medication(s) administered during the program? What is the prescription? Potential Side Effects?

(PLEASE NOTE THAT AN AUTHORIZATION TO ADMINISTER MEDICATION FORM WILL ALSO NEED TO BE FILLED OUT.)